

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$120.00 for date of service 11-12-01.
- b. The request was received on 1-25-02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. No Carrier sign sheet was noted upon initial review of the dispute packet, nor was there any response from the carrier. Therefore, per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's initial 14-day response to the insurance carrier on 7-31-02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 8-1-02. The response from the insurance carrier was received in the Division on 8-5-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor: position statement undated:

*“Preauthorization was obtained and as per Rule 133.301 Retrospective Review of medical bills the insurance carrier shall retrospectively review all complete medical bills and pay for or deny payment for medical benefits accordance with the Act, rules, and appropriate commission fee and treatment guidelines. The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under chapter 134 of this title (relating to Guidelines for Medical Services, Charges, and Payments)”.*

2. Respondent: dated 8-5-02:

**“Please note that while the Carrier received a notice from TWCC regarding this claim on 5/7/02, the Carrier did not receive a copy of the provider’s request for medical dispute resolution until 8/1/02...The Provider seeks reimbursement for biofeedback provided to (Claimant) on 11/12/01. However, then-current TWCC Rule 134.600(h) required the Provider to seek and obtain preauthorization prior to providing such services. Because the Provider did not obtain preauthorization prior to rendering the services, reimbursement should be denied.”**

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11-12-01.
2. The Carrier denied the disputed services as reflected on the EOB as “B6F – PROVIDER SHOULD HAVE OBTAINED AUTHORIZATION PRIOR TO RENDERING SERVICE. VERIFICATION OF AUTHORIZATION REQUIRED FOR PAYMENT.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
11-12-01	90906	\$120.00	\$-0-	B6F	\$2.00 per min.	TWCC Rule 134.600 (h); CPT Descriptor	<p>The Carrier has denied the charges in dispute as "B6F". Therefore, the Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.</p> <p>TWCC Rule 134.600 indicates that, "The health care treatments and services requiring pre-authorization are:...(2) psychiatric or psychological therapy or testing except as part of work hardening;..."</p> <p>Preauthorization dated 9-18-01 reflects authorization for Procedure Codes, 90801, 90889, 90830 and 90820. There is no written evidence that CPT Code 90906 was preauthorized. Therefore, no additional reimbursement is recommended.</p>
<b>Totals</b>		\$120.00	\$-0-				The Requestor is <b>not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 12th day of August 2002.

Lesia Lenart, RN.  
 Medical Dispute Resolution Officer  
 Medical Review Division

LL/II

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.